



IFW

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/825716	
	Filing Date	4/16/2004	
	First Named Inventor	Daniel V. Palanker	
	Art Unit	3739	
	Examiner Name	Vrettakos, Peter J.	
Total Number of Pages in This Submission	3	Attorney Docket Number	S02-038/CON

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other (Specified below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: _____ _____ _____ _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Robert Lodenkamper		
DATE	2/10/06	REGISTRATION NUMBER	55,399

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	
PRINTED NAME	Sylvia Lee
DATE	2/10/06

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



THE US PATENT AND TRADEMARK OFFICE

In re Application of:

Daniel V. Palanker et al. Art Unit: 3739

Serial No: 10/825,716

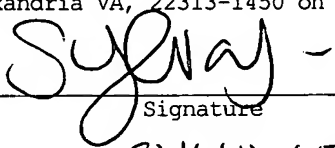
Examiner: Vrettakos, Peter J.

Filed: 4/16/2004

Confirmation number: 8810

Docket number: S02-038/CON

For: Method and Apparatus for Plasma-Mediated Thermo-Electrical Ablation

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria VA, 22313-1450 on	
 _____ Signature	<u>2/10/06</u> date of deposit
<u>SYLVIA LEE</u> Name of Person Signing	

Commissioner for Patents

PO Box 1450, Alexandria VA 22313-1450

Sir:

Applicant replies to the Office Action mailed 1/12/2006 as follows:

Detailed action: restriction

A restriction requirement is made between group I (claims 1-16, drawn to an apparatus) and group II (claims 17-34, drawn to a method).

Group I (claims 1-16) is elected, with traverse. Examiner holds that the apparatus of group I is materially different than the method of group II because "the apparatus can be used to cut non-medical/biological materials".

This could be a point of distinction if method claim 17 were limited to cutting medical/biological materials. However, claim 17 includes no such limitation, thereby removing the stated basis for making the restriction requirement. Accordingly, Applicant holds that this restriction requirement is improper, and respectfully requests withdrawal of the restriction requirement in the next office action.

Respectfully submitted,



Robert Lodenkamper
Reg. No. 55,399
LUMEN Intellectual Property Services
2345 Yale Street, 2nd Floor
Palo Alto, CA 94306-1429
Phone: (650) 424-0100
Fax: (650) 424-0141